

**834 Benefit Enrollment and Maintenance  
Companion Guide  
ANSI ASC X12N (Version 4010A1)  
State of Washington  
Department of Social & Health Services**



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**WAMMIS-CG-834-02-06**

**April 14, 2010**

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Companion Guide  
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**Approved By:**

|                             |  |                             |
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|                             |  |                             |
| <b>CNSI Project Manager</b> |  | <b>DSHS Project Manager</b> |
| <b>Date</b>                 |  | <b>Date</b>                 |

**Disclaimer**

This companion guide for the ANSI ASC X12N 834 transaction has been created for use in conjunction with the standard Implementation Guide. It should not be considered a replacement for the Implementation Guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to Medicaid processing for Washington State DSHS. The guide also includes useful information about sending and receiving data to and from the ProviderOne system.



## Revision History

Documented revisions are maintained in this document through the use of the Revision History Table shown below. All revisions made to this companion guide after the creation date are noted along with the date, page affected, and reason for the change.

| Revision Level        | Date     | Page     | Description                                              | Change Summary                                                                                |
|-----------------------|----------|----------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| WAMMIS-CG834-00-00-01 | 01/14/08 |          | Initial Document                                         |                                                                                               |
| WAMMIS-CG834-00-00-02 | 03/26/08 | All      | Template for deliverable                                 | Updated the entire document to use a CNSI standard deliverable document                       |
|                       |          | i, ii,iv | Cover Page                                               | Changed cover page to match CNSI Formal deliverable                                           |
|                       |          | 5        | Section 1: Introduction<br>Section 1.1: Document Purpose | Updated Introduction based on DSHS feedback. 834 enrollment file is generated weekly          |
|                       |          | 7        | Section 2.1.2: Testing Process                           | Updated the testing process section based on DSHS feedback                                    |
|                       |          | 9        | Section 2.2: Retrieve batches via Web Interface          | Updated screenshots based on DSHS feedback                                                    |
|                       |          | 17       | Section 3: Transaction Specifications                    | Updated table based on updated mapping document                                               |
|                       | 04/02/08 |          | Re-delivery to DSHS                                      | Revisions made based on DSHS feedback                                                         |
| WAMMIS-CG834-00-00-03 | 04/18/08 |          | Incorporated DSHS comments, Updated Table of Contents    |                                                                                               |
| WAMMIS-CG834-00-00-04 | 05/14/08 | 20       | Updated Transaction Specifications Comments              | Updated Comments columns for Element Name Maintenance Reason Code and Employment Status Code. |
| WAMMIS-CG834-00-00-05 | 05/26/08 |          | Comments from DSHS                                       | 2.3.1, 2.3.2 , 2.4.2                                                                          |
| WAMMIS-CG834-00-00-06 | 06/27/08 |          | Redelivered to DSHS                                      |                                                                                               |
| WAMMIS-CG-834-01-01   | 06/28/08 |          | Final Delivery                                           |                                                                                               |
| WAMMIS-CG-834-01-02   | 07/16/08 |          | Re-Delivery based on DSHS identification of deficiencies |                                                                                               |
| WAMMIS-CG-834-01-03   | 10/01/08 |          | Re-Delivery based on DSHS suggested changes              | Trading Partners Testing Procedures verbiage                                                  |
| WAMMIS-CG-834-01-04   | 10/16/08 |          | Re-Delivery based on DSHS suggested changes              | GS05 segment – time value and Comments update                                                 |



|                     |          |         |                                                                             |                                                                                                               |
|---------------------|----------|---------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| WAMMIS-CG-834-02-01 | 05/14/09 |         | Changes to verbiage and rules post UAT                                      | Added:<br>1) Dates to be reported in 834<br>2) MCO/RSN reporting schedule                                     |
| WAMMIS-CG-834-02-02 | 04/05/10 |         | Changes to verbiage of dates reported on member and coverage level segments | Changed 'File effective date' to 'Effective date of coverage/update change'                                   |
| WAMMIS-CG-834-02-02 | 04/05/10 |         | Updated the MCO/RSN schedule                                                | Updated the MCO/RSN schedule                                                                                  |
| WAMMIS-CG-834-02-02 | 04/05/10 |         | Maintenance Reason code                                                     | Updated Maintenance Reason codes                                                                              |
| WAMMIS-CG-834-02-02 | 04/05/10 | 21 & 22 | Changes to Maintenance Reason Codes at Loop 2000 INS04                      | Added:<br>1) XT – Transfer<br>Removed:<br>1) 21 – Disability<br>XN – Notification Only                        |
| WAMMIS-CG-834-02-02 | 04/05/10 | 22      | Change to rules for returning Birth Sequence Number at Loop 2000 INS17      | INS17 – Birth Sequence Number will not be populated nor passed in the 834.                                    |
| WAMMIS-CG-834-02-02 | 04/05/10 | 23 & 24 | Verbiage Change at Loop 2000 Member Identification Number REF01             | Changed description for Q4 Qualifier:<br><br>'Q4' – Prior ProviderOne ID changed to<br>'Q4' – Prior Client ID |
| WAMMIS-CG-834-01-06 | 04/01/10 | 9-10    | Update screen shots for submitting and retrieving transactions              | Replaced screen shots and updated verbiage                                                                    |

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# 1 Introduction

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. This requires Washington State Department of Social and Health Services (DSHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions between covered entities (health care providers, health plans, and healthcare clearinghouses).

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

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## 1.1 Document Purpose

Companion Guides are used to clarify the exchange of information on HIPAA transactions between the DSHS ProviderOne system and its trading partners. DSHS defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ProviderOne.

This Companion Guide provides information about the 834 Enrollment file that is specific to DSHS and DSHS trading partners. It will include both the 834 Audit and 834 Update. This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide listed below. The ANSI ASC X12N Implementation Guides can be accessed at <http://www.wpc-edi.com>.

- ASC X12N 834 (004010X095)
- ASC X12N 834 (004010X095A1) (Addenda)

### 1.1.1 Intended Users

Companion Guides are intended for members of the technical staffs of trading partners who are responsible for electronic transaction/file exchanges.

### 1.1.2 Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with DSHS, including connectivity requirements and protocols, and electronic interchange



procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from DSHS.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.
- Add any additional data elements or segments to the defined data set.
- Utilize any code or data values that are not valid in the standard Implementation Guides.
- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

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## 1.2 Transmission Schedule

834 Audit files will be posted a day after the Medicaid Enrollment Cut Off Date. The 834 Update files will be posted every Friday at 8 AM PST



## 2 Technical Infrastructure and Procedures

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### 2.1 Technical Environment

#### 2.1.1 Communication Requirements

This section will describe how trading partners will receive 834 Transactions from DSHS using 2 methods:

- Secure File Transfer Protocol (SFTP)
- ProviderOne Web Portal

#### 2.1.2 Testing Process

Completion of the testing process must occur prior to production electronic retrieval from ProviderOne. Testing is conducted to ensure the following for maintaining HIPAA guidelines:

1. Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules.
2. Syntactical requirements: Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.

Additional testing may be required in the future to verify any changes made to the ProviderOne system. Changes to the ANSI formats may also require additional testing. Assistance is available throughout the testing process.

#### Trading Partner Testing Procedures

1. ProviderOne companion guides and trading partner enrollment package are available for download via the web at <http://maa.dshs.wa.gov/dshshipaa>
2. The Trading Partner completes the Trading Partner Agreement and submits the signed agreement to DSHS.

Submit to:     Provider Enrollment  
                    PO Box 45562  
                    Olympia, WA 98504-5562





**\*\*For Questions call 1-800-562-3022 option 2, then option 5\*\***

3. The trading partner is assigned a Submitter ID, Domain, Logon User ID and password.
4. ProviderOne system processes and validates all outbound HIPAA test files. It will be available for download via the ProviderOne web portal or Secure File Transfer Protocol (SFTP).
  - Web Portal URL: <https://www.waproviderone.org/edi>
  - SFTP URL: <sftp://ftp.waproviderone.org/>
5. The trading partner downloads the file from the ProviderOne web portal or Secure File Transfer Protocol (SFTP).
6. If the test file download is successful and the trading partner's system accepts the file for processing, the trading partner is approved for transaction download in the ProviderOne production environment.
7. If the test file download is unsuccessful, the trading partner should immediately call 1-800-562-3022 to report the failure. They will continue testing in the testing environment until a successful download is completed.

### **2.1.3 Who to contact for assistance**

- Telephone Number: 1-800-562-3022
  - Select option 2
  - Select option 4
  - All calls result in the assignment of a Ticket Number for problem tracking
- Hours: 8:00 AM – 5:00 PM Pacific Standard Time, Monday through Friday
- Information required for initial call:
  - Topic of Call (setup, procedures, etc.)
  - Name of caller
  - Submitter ID Number
  - Organization of caller
  - Telephone number of caller
  - Nature of problem (connection, receipt status, etc.)
- Information required for follow up call(s):
  - Assigned Ticket Number



## 2.2 Retrieve batches via Web Interface

Once logged into the ProviderOne Portal, select the Admin Tab and the following options will be presented to the user:

The screenshot displays the ProviderOne Portal interface. At the top, a navigation bar includes a 'My Inbox' icon and a 'Welcome' message for 'Nguyen, Chris', indicating the user is logged in with an 'EXT Provider Super User' profile. Below this, a 'Path: Provider Portal' is shown, along with the 'ProviderOne ID/NPI: 1059700' and 'Name: DSHS DUMMY PROVIDER NUMBER'. The main content area is divided into two columns. The left column, titled 'Provider Portal:', lists various online services under categories like 'Claims', 'Client', 'Payments', 'ProviderOne-Generated Invoices', 'Managed Care', 'Prior Authorization', and 'Provider'. Each category has a 'Hide/Max' link. The right column, titled 'Welcome!', contains a message from the Department of Social and Health Services (DSHS) and a 'Manage Alerts' button. Below this, there is a 'My Reminders' section with a 'Filter By:' dropdown and a 'Read Status:' dropdown. A table with columns for 'Alert Type', 'Alert Message', 'Alert Date', 'Due Date', and 'Read' is shown, but it contains no records, with a message 'No Records Found!' displayed below it.

Scroll down to the next page of options and click on the HIPAA option to manage the HIPAA transactions.



In the HIPAA Transaction Management screen, the user can Upload file and Retrieve Acknowledgement/Response as shown below:

The mission of DSHS is to improve the quality of life for individuals and families in need.

Manage Alerts

My Reminders:

Filter By: [Dropdown] [Text Box]

Read Status: [Dropdown] Go

| <input type="checkbox"/> | Alert Type | Alert Message | Alert Date | Due Date | Read |
|--------------------------|------------|---------------|------------|----------|------|
| No Records Found !       |            |               |            |          |      |



Select Retrieve Acknowledgement/Response option from the HIPAA screen to retrieve Acknowledgements/Responses (TA1, 997, 271, 277, 820, 834, 835, or 277U) as shown below:

**ProviderOne** My Inbox

Welcome Nguyen, Chris . You have logged-in with EXT Provider Super User profile. Links: [--Select--](#)

Path: [Provider Portal/ Retrieve Acknowledgment Response File](#)

Menu

Close

HIPAA Response/Acknowledgement:

Filter By: File Name % Go

| Provider ID | File Name                                                                 | Transaction Type | Interchange Control Number | Upload/Sent Date | Response Type | Acknowledgement Status | Response File Name                             |
|-------------|---------------------------------------------------------------------------|------------------|----------------------------|------------------|---------------|------------------------|------------------------------------------------|
| 105970000   | HIPAA.105970000.20080922091524.hipaa.102508600.0919081206.837p.dat        | 3                |                            | 9/22/2008 0:0:0  | TA1           | N/A                    | HIPAA.105970000.20080922091524.hipaa.102508600 |
| 105970000   | HIPAA.105970000.20080923152827.hipaa.105970000.092220081521.prv4351e.dat  | 5                |                            | 9/23/2008 0:0:0  | TA1           | N/A                    | HIPAA.105970000.20080923152827.hipaa.105970000 |
| 105970000   | HIPAA.105970000.20080923154212.hipaa.105970000.092220081521.prv4351e.dat  | 5                |                            | 9/23/2008 0:0:0  | TA1           | N/A                    | HIPAA.105970000.20080923154212.hipaa.105970000 |
| 105970000   | HIPAA.105970000.20080923155806.hipaa.105970000.092230081521.prv4351e.dat  | 5                |                            | 9/23/2008 0:0:0  | TA1           | N/A                    | HIPAA.105970000.20080923155806.hipaa.105970000 |
| 105970000   | HIPAA.105970000.20080923160421.hipaa.105970000.092230081521.prv4351e.dat  | 5                |                            | 9/23/2008 0:0:0  | TA1           | N/A                    | HIPAA.105970000.20080923160421.hipaa.105970000 |
| 105970000   | HIPAA.105970000.20080924075839.hipaa.105970000.092240080755.prv4351e.dat  | 5                |                            | 9/24/2008 0:0:0  | TA1           | N/A                    | HIPAA.105970000.20080924075839.hipaa.105970000 |
| 105970000   | HIPAA.105970000.20080924143022.hipaa.105970000.092420081425.PRIV4351E.dat | 5                |                            | 9/24/2008 0:0:0  | TA1           | N/A                    | HIPAA.105970000.20080924143022.hipaa.105970000 |
| 105970000   | HIPAA.105970000.20080924144006.hipaa.105970000.092420081425.PRIV4351E.dat | 5                |                            | 9/24/2008 0:0:0  | TA1           | N/A                    | HIPAA.105970000.20080924144006.hipaa.105970000 |
| 105970000   | HIPAA.105970000.20080924153938.HIPAA.105970000.092420081529.3837PVALS.dat | 7                |                            | 9/24/2008 0:0:0  | TA1           | N/A                    | HIPAA.105970000.20080924153938.HIPAA.105970000 |
| 105970000   | HIPAA.105970000.20080924154624.HIPAA.105970000.092420081542.VAL801A.dat   | 8                |                            | 9/24/2008 0:0:0  | TA1           | N/A                    | HIPAA.105970000.20080924154624.HIPAA.105970000 |

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS



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## 2.3 Set-up, Directory, and File Naming Convention

### 2.3.1 SFTP Set-up

Trading partners can contact 1-800-562-3022 for information on establishing connections through the FTP server. Upon completion of set-up, they will receive additional instructions on FTP usage.

### 2.3.2 SFTP Directory Naming Convention

**There would be two categories of folders under Trading Partner's SFTP folders:**

1. **TEST – Trading Partners should submit and receive their test files under this root folder**
2. **PROD – Trading Partners should submit and receive their production files under this root folder**

**Following folder will be available under TEST/PROD folder within SFTP root of the Trading Partner:**

**'HIPAA Inbound' - This folder should be used to drop the Inbound files that needs to be submitted to DSHS**

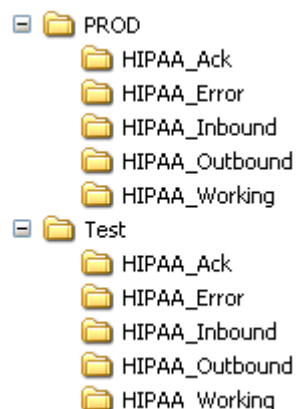
**'HIPAA Ack' - Trading partner should look for acknowledgements to the files submitted in this folder. TA1, 997 and custom error report will be available for all the files submitted by the Trading Partner**

**'HIPAA Outbound' – X12 outbound transactions generated by DSHS will be available in this folder**

**'HIPAA Error' – Any inbound file that is not HIPAA compliant or is not recognized by ProviderOne will be moved to this folder**



**Folder structure will appear as:**



### 2.3.3 File Naming Convention

The HIPAA Subsystem Package is responsible for assisting ProviderOne activities related to Electronic Transfer and processing of Health Care and Health Encounter Data, with a few exceptions or limitations.

HIPAA files are named:

**For Outbound transactions:**

HIPAA.<TPId>.<datetimestamp>.<TxID>.O.<out>

Example of file name: HIPAA.165760000.12262007211315.834.O.out

- <TPId> is the Trading Partner Id
- <datetimestamp> is the Date timestamp
- <TxID> is the Transaction Id.

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## 2.4 Transaction Standards

### 2.4.1 General Information

HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda. Currently, the 834 Enrollment has one Addendum. This Addendum has been adopted as final and is incorporated into DSHS requirements.



An overview of requirements specific to each transaction can be found in the 834 Implementation Guide. Implementation Guides contain information related to:

- Format and content of interchanges and functional groups
- Format and content of the header, detailer and trailer segments specific to the transaction
- Code sets and values authorized for use in the transaction
- Allowed exceptions to specific transaction requirements

Transmission sizes are limited based on two factors:

- Number of Segments/Records allowed by HIPAA standards
- DSHS file transfer limitations

HIPAA standards for the maximum file size of each transaction set are specified in the 834 Implementation Guide. The 834 Implementation Guide recommends a limit of 10,000 INS Member Level Detail Segments in the 2000 Member Level Detail Loop.

DSHS has no size limitations for postings to its FTP Server.

### 834 Transactions

The DSHS translator maintains segment counts and will automatically limit 834 Transactions (data between ST and SE Segments) to 10,000 INS Segments. As MCOs and RSNs might have greater than 10,000 members they might receive 834 files with multiple transaction sets within a functional group.

## **2.4.2 Data Format**

### **Delimiters**

The ProviderOne will use the following delimiters on outbound transactions:

- Data element separator, Asterisk, ( \* )
- Sub-element Separator, Vertical Bar, ( : )
- Segment Terminator, Tilde, ( ~ )



## Dates

The following rules apply to any dates in the 834 transaction:

- For the 834 transaction, all dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where the date format is YYMMDD.
- The only value acceptable for "CC" (century) is 20. The exception to this rule is for any of the Date of Birth values.
- Time is in military time format, 1 to 24 to indicate hours and 00 to 59 to indicate minutes and/or seconds. ISA10 and GS05 elements are formatted HHMM (ie 2115 defines the time of 9:15 p.m). BGN04 element is HHMMSS (ie 211515 defines the time of 9:15:15 p.m.).
- No spaces or character delimiters should be used in presenting dates or times.
- Dates that are logically invalid (e.g. 20071301) are rejected.
- Dates must be valid within the context of the transaction. For example, a Member's Birth Date cannot be after the file effective date or the Member level dates or the Coverage level dates.

## Field Length

HIPAA regulations specify field lengths for all of the data elements of the 834 Benefit Enrollment and Maintenance transaction. For some of these data elements, ProviderOne processes fewer characters than the maximum allowed. The Transaction Specifications in section 5 display the ProviderOne field lengths.

## Phone Numbers

Phone numbers are presented as contiguous number strings, without dashes or parenthesis markers. For example, the phone number (800) 555-1212 should be presented as 8005551212. Area codes should always be included.

### 2.4.3 Data Interchange Conventions

When transmitting 834 Transactions, DSHS follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or "outer envelopes". All 834 Transactions are enclosed in transmission level ISA/IEA envelopes and, within transmissions, functional group level GS/GE envelopes. The segments and data elements used in outer envelopes are documented in Appendix B1 of the 834 Implementation Guide. Specific information on how individual data





elements are populated by DSHS on ISA/IEA and GS/GE envelopes are shown in the table beginning later in this section.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures has fixed field length. The entire data length of the data element should be considered and padded with spaces if the data element length is less than the field length.

Example of ISA with the entire data length with padded spaces:

```
ISA*00*          *00*          *ZZ*123456789  *ZZ*77045  
*040303*1300*U*00401*000001001*1*T*:~
```

DSHS transmits 834 Transaction files with single ISA/IEA and GS/GE envelopes. 834 Enrollment Transactions, with their limit of 10,000 members per transaction, sometimes have multiple transactions (as defined by ST and SE Segments) within the same GS/GE envelope.

#### **2.4.4 Acknowledgement Procedures**

N/A

#### **2.4.5 Rejected Transmissions and Transactions**

DSHS will validate all 834 transactions up to HIPAA validation levels 1 and 2. If a receiver rejects any part of a transmission, they must reject the entire transmission. Data on rejected 834 transmissions should not be used to update receiver's databases as DSHS will resend a corrected full-file replacement. DSHS transmits 834 Transactions within a single functional group, even when multiple transactions (ST through SE Segments) are required.



### 3 Transaction Specifications

| Page                              | Loop   | Segment | Data Element | Element Name                             | Comments                                                                      |
|-----------------------------------|--------|---------|--------------|------------------------------------------|-------------------------------------------------------------------------------|
| <b>Interchange Control Header</b> |        |         |              |                                          |                                                                               |
| App. B                            | Header | ISA     | 01           | Authorization Information Qualifier      | This field will be populated with '00' – No Authorization information.        |
| App. B                            | Header | ISA     | 02           | Authorization Information                | This field will be populated with Spaces.                                     |
| App. B                            | Header | ISA     | 03           | Security Information Qualifier           | This field will be populated with '00' – No Security information.             |
| App. B                            | Header | ISA     | 04           | Security Information                     | This field will be populated with Spaces.                                     |
| App. B                            | Header | ISA     | 05           | Interchange ID Qualifier                 | This field will be populated with 'ZZ'.                                       |
| App. B                            | Header | ISA     | 06           | Interchange Sender ID                    | This field will be populated with '77045' - WA State DSHS Sender ID           |
| App. B                            | Header | ISA     | 07           | Interchange ID Qualifier                 | This field will be populated with 'ZZ'                                        |
| App. B                            | Header | ISA     | 08           | Interchange Receiver ID                  | This field will be populated with the 9 Digit ProviderOne ID of the receiver. |
| App. B                            | Header | ISA     | 09           | Interchange Date                         | This field will be populated with System Date Format - YYMMDD                 |
| App. B                            | Header | ISA     | 10           | Interchange Time                         | This field will be populated with System Time Format = HHMM                   |
| App. B                            | Header | ISA     | 11           | Interchange Control Standards Identifier | This field will be populated with 'U'                                         |



| Page                           | Loop   | Segment | Data Element | Element Name                       | Comments                                                                             |
|--------------------------------|--------|---------|--------------|------------------------------------|--------------------------------------------------------------------------------------|
| App. B                         | Header | ISA     | 12           | Interchange Control Version Number | This field will be populated with '00401'                                            |
| App. B                         | Header | ISA     | 13           | Interchange Control Number         | This field will be populated with the Interchange Control Number. Note ISA13 = IEA02 |
| App. B                         | Header | ISA     | 14           | Acknowledgment Requested           | This field will be populated with '0' – no Acknowledgement                           |
| App. B                         | Header | ISA     | 15           | Usage Indicator                    | This field will be populated with 'P' in Production Mode and 'T' in Test Mode.       |
| App. B                         | Header | ISA     | 16           | Component Element Separator        | This field will be populated with Value = ":"                                        |
| <b>Functional Group Header</b> |        |         |              |                                    |                                                                                      |
| App. B                         | Header | GS      | 01           | Functional Identifier Code         | This field will be populated with 'BE' – Benefit Enrollment                          |
| App. B                         | Header | GS      | 02           | Application Sender's Code          | This field will be populated with '77045' - WA State DSHS Sender ID                  |
| App. B                         | Header | GS      | 03           | Application Receiver's Code        | This field will be populated with the 9 Digit ProviderOne ID of the receiver.        |
| App. B                         | Header | GS      | 04           | Date                               | This field will be populated with the System Date. CCYYMMDD                          |
| App. B                         | Header | GS      | 05           | Time                               | This field will be populated with System Time HHMM                                   |
| App. B                         | Header | GS      | 06           | Group Control Number               | This field will be populated with Group Control Number. Note GS06 = GE02             |



| Page                                         | Loop   | Segment | Data Element | Element Name                                 | Comments                                                                                     |
|----------------------------------------------|--------|---------|--------------|----------------------------------------------|----------------------------------------------------------------------------------------------|
| App. B                                       | Header | GS      | 07           | Responsible Agency Code                      | This field will be populated with 'X' for X12.                                               |
| App. B                                       | Header | GS      | 08           | Version / Release / Industry Identifier Code | This field will be populated with '004010X095A1' X12 version number for the 834 transaction. |
| <b>Transaction Set Header</b>                |        |         |              |                                              |                                                                                              |
| App. B                                       | Header | ST      | 01           | Transaction Set Identifier Code              | This Field will be populated with '834'                                                      |
| App. B                                       | Header | ST      | 02           | Transaction Set Control Number               | Calculated sequential number                                                                 |
| <b>Beginning Segment</b>                     |        |         |              |                                              |                                                                                              |
| 28                                           | Header | BGN     | 01           | Transaction Set Purpose Code                 | '00' – Original. Copy of the original will be available from archive.                        |
| 29                                           | Header | BGN     | 02           | Reference Identification                     | This field will be populated with the Sender's Reference Number                              |
| 29                                           | Header | BGN     | 03           | Date                                         | The date the file was created                                                                |
| 29                                           | Header | BGN     | 04           | Time                                         | The time of day the file was created                                                         |
| 29                                           | Header | BGN     | 05           | Time Code                                    | Time Zone Code – Use this code if the sender and receiver are not in the same time zone.     |
| 31                                           | Header | BGN     | 08           | Action Code                                  | Values are:<br>'2' = Change (Update)<br>'4' = Verify (Audit)                                 |
| <b>Transaction Set Policy Number Segment</b> |        |         |              |                                              |                                                                                              |
| 32                                           | Header | REF     | 01           | Reference Identification Qualifier           | This field will be populated with '38'                                                       |



| Page                       | Loop   | Segment | Data Element | Element Name                      | Comments                                                                                                                                                                                          |
|----------------------------|--------|---------|--------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 33                         | Header | REF     | 02           | Reference Identification          | Master Policy Number – This field will be populated with the 9-digit ProviderOne Health Plan Provider ID Number (1st 7 digits – numeric, last 2 digits – alpha-numeric) e.g. 1234567AA, 567895401 |
| <b>File Effective Date</b> |        |         |              |                                   |                                                                                                                                                                                                   |
| 34                         | Header | DTP     | 01           | Date/Time Qualifier               | 007 = Effective                                                                                                                                                                                   |
| 34                         | Header | DTP     | 02           | Date Time Period Format Qualifier | D8 = Date expressed in format CCYYMMDD                                                                                                                                                            |
| 34                         | Header | DTP     | 03           | Date Time Period                  | File Effective Date. Format is 'CCYYMMDD'.                                                                                                                                                        |
| <b>Sponsor Name</b>        |        |         |              |                                   |                                                                                                                                                                                                   |
| 35                         | 1000A  | N1      | 01           | Plan Sponsor                      | This field will be populated with 'P5'                                                                                                                                                            |
| 36                         | 1000A  | N1      | 02           | Name                              | This field will be populated with 'WA State DSHS'                                                                                                                                                 |
| 36                         | 1000A  | N1      | 03           | Identification Code Qualifier     | This field will be populated with 'FI'.                                                                                                                                                           |
| 36                         | 1000A  | N1      | 04           | Identification Code               | This field will be populated with '91-6001088'.                                                                                                                                                   |
| <b>Payer Name</b>          |        |         |              |                                   |                                                                                                                                                                                                   |
| 37                         | 1000B  | N1      | 01           | Entity Identifier Code            | This field will be populated with 'IN' - Insurer.                                                                                                                                                 |
| 38                         | 1000B  | N1      | 02           | Name                              | This field will be populated with the Payer Name (i.e. Columbia United Providers; Molina,                                                                                                         |



| Page                       | Loop  | Segment | Data Element | Element Name                   | Comments                                                                                                                                                                                                                                                                                               |
|----------------------------|-------|---------|--------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            |       |         |              |                                | Regence etc.)                                                                                                                                                                                                                                                                                          |
| 38                         | 1000B | N1      | 03           | Identification Code Qualifier  | This field will be populated with 'FI'.                                                                                                                                                                                                                                                                |
| 38                         | 1000B | N1      | 04           | Identification Code            | This field will be populated with the Payer Tax-ID/Employer Identification Number                                                                                                                                                                                                                      |
| <b>Member Level Detail</b> |       |         |              |                                |                                                                                                                                                                                                                                                                                                        |
| 44                         | 2000  | INS     | 01           | Yes/No Condition Response Code | This field is populated with 'Y' (insured is always the subscriber).                                                                                                                                                                                                                                   |
| 44-45                      | 2000  | INS     | 02           | Individual Relationship Code   | This field is populated with '18' for Self/Subscriber.                                                                                                                                                                                                                                                 |
| 45                         | 2000  | INS     | 03           | Maintenance Type Code          | Code Values used:<br>• 001 – Change<br>• 021 – Additions<br>• 024 – Terminations<br>• 025 – Reinstatement<br>• 030 – Audit                                                                                                                                                                             |
| 46-47                      | 2000  | INS     | 04           | Maintenance Reason Code        | Code values used:<br>• 03 – Death<br>• 07 – Termination of Benefits<br>• 14 – Voluntary Withdrawal<br>• 21 – Disability<br>• 22 – Plan Change<br>• 25 – Change in Identifying Data Elements<br>• 28 – Initial Enrollment<br>• 33 – Personnel Data<br>• 41 – Re-enrollment<br>• 43 – Change of Location |



| Page                     | Loop | Segment | Data Element | Element Name                       | Comments                                                                                                                                                 |
|--------------------------|------|---------|--------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          |      |         |              |                                    | <ul style="list-style-type: none"> <li>• XN – Notification Only</li> <li>• AI – No Reason Given</li> <li>• XT – Transfer</li> </ul>                      |
| 47                       | 2000 | INS     | 05           | Benefit Status Code                | Populated with 'A' Active.                                                                                                                               |
| 48                       | 2000 | INS     | 06           | Medicare Plan Code                 | This field will always be populated with 'E'.                                                                                                            |
| 49                       | 2000 | INS     | 08           | Employment Status Code             | This will be 'FT' on Audit and Update file except in the case of terminations where the value will be 'TE'                                               |
| 49                       | 2000 | INS     | 10           | Handicap Indicator                 | This field is populated with 'Y' or 'N'                                                                                                                  |
| 50                       | 2000 | INS     | 11           | Date Time Period Format Qualifier  | 'D8' Send when required by X12 syntax                                                                                                                    |
| 50                       | 2000 | INS     | 12           | Date Time Period                   | Client Date of Death in the CCYYMMDD format.                                                                                                             |
| <b>Subscriber Number</b> |      |         |              |                                    |                                                                                                                                                          |
| 51                       | 2000 | REF     | 01           | Reference Identification Qualifier | This field is populated with '0F' Subscriber Number.                                                                                                     |
| 52                       | 2000 | REF     | 02           | Reference Identification           | <p>This field is populated with Medicaid ProviderOne Client Identification Number in the following format.</p> <p>9-digit numeric and 2-digit alpha.</p> |



| Page                                | Loop | Segment | Data Element | Element Name                       | Comments                                                                                                                                                                                                                |
|-------------------------------------|------|---------|--------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     |      |         |              |                                    | e.g. 123456789WA                                                                                                                                                                                                        |
| <b>Member Policy Number</b>         |      |         |              |                                    |                                                                                                                                                                                                                         |
| 55                                  | 2000 | REF     | 01           | Reference Identification Qualifier | '1L' – Group or policy number                                                                                                                                                                                           |
| 56                                  | 2000 | REF     | 02           | Reference Identification Number    | This field will be populated with the 9-digit ProviderOne Health Plan Provider ID Number (1st 7 digits – numeric, last 2 digits – alpha-numeric) e.g. 1234567AA , 567895401                                             |
| <b>Member Identification Number</b> |      |         |              |                                    |                                                                                                                                                                                                                         |
| 55                                  | 2000 | REF     | 01           | Reference Identification Qualifier | Recipient Identification Qualifier<br>'DX' – CSOR<br>'23' – ACES ID<br>'3H' – AUID<br>'Q4' – Client Prior system ID (when applicable)<br>'17' – HCA MBMS ID (when available)<br>'ZZ' – Transaction Set ID (link to 820) |





| Page                      | Loop                 | Segment | Data Element | Element Name                      | Comments                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------|----------------------|---------|--------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 56                        | 2000 & Addenda Pg 10 | REF     | 02           | Reference Identification Number   | When REF01 = 'DX', this field will be the 'CSOR'.<br>When REF01 = '23', this field will be the ACES ID.<br>When REF01 = '3H', this field will be the AUD.<br>When REF01 = 'Q4', this field will be the client's Prior system ID.<br>When REF01 = '17', this field will be the HCA MBMS ID.<br>When REF01 = 'ZZ', this field will be the Transaction Set ID link to the 820. |
| <b>Member Level Dates</b> |                      |         |              |                                   |                                                                                                                                                                                                                                                                                                                                                                             |
| 59                        | 2000                 | DTP     | 01           | Date/Time Qualifier               | This field is populated with:<br>'473' for Medicaid Eligibility Begin Date<br>'474' for Medicaid Eligibility End Date<br>'303' for <a href="#">Transaction Effective Date</a>                                                                                                                                                                                               |
| 60                        | 2000                 | DTP     | 02           | Date Time Period Format Qualifier | This field is populated with 'D8'                                                                                                                                                                                                                                                                                                                                           |
| 60                        | 2000                 | DTP     | 03           | Date Time Period                  | This field is populated with Status Information Effective Date in CCYYMMDD format.                                                                                                                                                                                                                                                                                          |
| <b>Member Name</b>        |                      |         |              |                                   |                                                                                                                                                                                                                                                                                                                                                                             |



| Page                                | Loop  | Segment | Data Element | Element Name                   | Comments                                                                                    |
|-------------------------------------|-------|---------|--------------|--------------------------------|---------------------------------------------------------------------------------------------|
| 62                                  | 2100A | NM1     | 01           | Entity Identifier Code         | This field is populated with 'IL' (Insured or Subscriber) or '74' (Corrected Insured).      |
| 62                                  | 2100A | NM1     | 02           | Entity Type Code               | This field is populated with '1' (Person).                                                  |
| 62                                  | 2100A | NM1     | 03           | Name Last or Organization Name | This field is populated with Medicaid Client's Last Name.                                   |
| 62                                  | 2100A | NM1     | 04           | Name First                     | This field is populated with Medicaid Client's First Name.                                  |
| 62                                  | 2100A | NM1     | 05           | Name Middle                    | This field is populated with Medicaid Client's Middle Initial.                              |
| 62                                  | 2100A | NM1     | 06           | Name Prefix                    | Send if supplied by subscriber                                                              |
| 62                                  | 2100A | NM1     | 07           | Name Suffix                    | Send if supplied by subscriber                                                              |
| 63                                  | 2100A | NM1     | 08           | Identification Code Qualifier  | Client ID Qualifier<br>This field is populated with '34'.                                   |
| 63                                  | 2100A | NM1     | 09           | Identification Code            | This field is populated with the Medicaid Client's Social Security Number (when available). |
| <b>Member Communication Numbers</b> |       |         |              |                                |                                                                                             |
| 65                                  | 2100A | PER     | 01           | Contact Function Code          | Insured Party<br>This field is populated with 'IP'.                                         |
| 65                                  | 2100A | PER     | 03           | Communication Number Qualifier | 'TE' - Phone Number                                                                         |
| 65                                  | 2100A | PER     | 04           | Communication Number           | This field is populated with Medicaid Client's Phone Number.                                |
| 65                                  | 2100A | PER     | 05           | Communication Number Qualifier | 'TE' - Phone Number (when available)                                                        |
| 66                                  | 2100A | PER     | 06           | Communication Number           | This field is populated with the Medicaid Client's Other Phone                              |



| Page                                          | Loop  | Segment | Data Element | Element Name           | Comments                                                                                                               |
|-----------------------------------------------|-------|---------|--------------|------------------------|------------------------------------------------------------------------------------------------------------------------|
|                                               |       |         |              |                        | Number (when available).                                                                                               |
| <b>Member Residence Street Address</b>        |       |         |              |                        |                                                                                                                        |
| 67                                            | 2100A | N3      | 01           | Address Information    | Address Information Line 1.<br>Note: This is the client's residence address.                                           |
| 67                                            | 2100A | N3      | 02           | Address Information    | Address Information Line 2 – Populated if second address line exists.<br>Note: This is the client's residence address. |
| <b>Member Residence City, State, Zip Code</b> |       |         |              |                        |                                                                                                                        |
| 68                                            | 2100A | N4      | 01           | City Name              | City Name<br>Note: This is the client's residence address.                                                             |
| 68                                            | 2100A | N4      | 02           | State or Province Code | State or Province Code<br>Note: This is the client's residence address.                                                |
| 69                                            | 2100A | N4      | 03           | Postal Code            | Postal Code Medical Residential Zip Code.<br>Note: This is the client's residence address                              |
| 69                                            | 2100A | N4      | 05           | Location Qualifier     | Populated with '60'                                                                                                    |
| 69                                            | 2100A | N4      | 06           | Location Identifier    | Populated with the Rate Region Code                                                                                    |
| <b>Member Demographics</b>                    |       |         |              |                        |                                                                                                                        |
| 71 & Addenda Pg 13                            | 2100A | DMG     | 01           | Date Time Qualifier    | This field is populated with 'D8'                                                                                      |



| Page                                                  | Loop  | Segment | Data Element | Element Name                  | Comments                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------|-------|---------|--------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 71 & Addenda Pg 13                                    | 2100A | DMG     | 02           | Date Time Period              | Recipient Birth Date Populated with Medicaid Client's Date of Birth in the CCYYMMDD format.                                                                                                                                                                                                                                                                                                                          |
| 71 & Addenda Pg 13                                    | 2100A | DMG     | 03           | Gender Code                   | 'M' – Male<br>'F' – Female<br>'U' – Unknown                                                                                                                                                                                                                                                                                                                                                                          |
| 72 & Addenda Pg 14                                    | 2100A | DMG     | 05           | Race or Ethnicity Code        | 7 – Not Provided<br>8 – Not Applicable<br>A – Asian or Pacific Islander<br>B – Black<br>C – Caucasian<br>D – Subcontinent Asian American<br>E – Other Race or Ethnicity<br>F – Asian Pacific American<br>G – Native American<br>H – Hispanic<br>I – American Indian or Alaskan Native<br>J – Native Hawaiian<br>N – Black (Non-Hispanic)<br>O – White (Non-Hispanic)<br>P – Pacific Islander<br>Z – Mutually Defined |
| 72 & Addenda Pg 14                                    | 2100A | DMG     | 06           | Citizenship Status Code       | Citizen Status<br>'1' – US citizen<br>'3' – Resident Alien (to be corrected from the '5')                                                                                                                                                                                                                                                                                                                            |
| <b>Member Language</b>                                |       |         |              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| NOTE: Only returned if language is other than English |       |         |              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 79                                                    | 2100A | LUI     | 01           | Identification Code Qualifier | Populated with 'LE'.                                                                                                                                                                                                                                                                                                                                                                                                 |
| 79                                                    | 2100A | LUI     | 02           | Identification Code           | Populated with Language Code                                                                                                                                                                                                                                                                                                                                                                                         |



| Page                                 | Loop  | Segment | Data Element | Element Name                            | Comments                                                                                                             |
|--------------------------------------|-------|---------|--------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Incorrect Member Name</b>         |       |         |              |                                         |                                                                                                                      |
| 81                                   | 2100B | NM1     | 01           | Entity Identifier<br>Coder              | When the Incorrect Member loop 2100B is used and NM101 = 70, the entity identifier in loop 2100A must be NM101 = 74. |
| 81                                   | 2100B | NM1     | 02           | Entity Type<br>Qualifier                | '1' Person                                                                                                           |
| 81                                   | 2100B | NM1     | 03           | Name Last or<br>Organizational<br>Name. | Prior incorrect insured last name.                                                                                   |
| 81                                   | 2100B | NM1     | 04           | Name First                              | Prior incorrect insured first name                                                                                   |
| 81                                   | 2100B | NM1     | 05           | Name Middle                             | Prior incorrect insured middle name                                                                                  |
| 81                                   | 2100B | NM1     | 06           | Name Prefix                             | Prior incorrect insured name prefix. Send if supplied by the subscriber                                              |
| 81                                   | 2100B | NM1     | 07           | Name Suffix                             | Prior incorrect insured name suffix. Send if supplied by the subscriber                                              |
| 82                                   | 2100B | NM1     | 08           | Identification<br>Code Qualifier        | Populated with '34' Prior incorrect insured Social Security Number (when available)                                  |
| 82                                   | 2100B | NM1     | 09           | Identification<br>Code                  | Prior incorrect insured Social Security Number (when available).                                                     |
| <b>Incorrect Member Demographics</b> |       |         |              |                                         |                                                                                                                      |
| 83                                   | 2100B | DMG     | 01           | Date Time<br>Period Format<br>Qualifier | This field will be populated with 'D8'                                                                               |
| 84                                   | 2100B | DMG     | 02           | Date Time<br>Period                     | This field will be populated with the Prior incorrect insured birth date.                                            |



| Page                                                                                                                                                                                                           | Loop  | Segment | Data Element | Element Name           | Comments                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|--------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 84                                                                                                                                                                                                             | 2100B | DMG     | 03           | Gender Code            | This field will be populated with the Prior incorrect insured gender code.<br>'F' – Female<br>'M' – Male<br>'U' – Unknown                                                                                       |
| <b>Member Mailing Address</b>                                                                                                                                                                                  |       |         |              |                        |                                                                                                                                                                                                                 |
| NOTE: Member Mailing Address will be populated for all members. In the event that the member's mailing address is the same as their physical address, the information will repeat here as the mailing address. |       |         |              |                        |                                                                                                                                                                                                                 |
| 85                                                                                                                                                                                                             | 2100C | NM1     | 01           | Entity Identifier Code | This is '31'                                                                                                                                                                                                    |
| 86                                                                                                                                                                                                             | 2100C | NM1     | 02           | Entity Type Qualifier  | This is '1'                                                                                                                                                                                                     |
| <b>Member Mailing Street Address</b>                                                                                                                                                                           |       |         |              |                        |                                                                                                                                                                                                                 |
| 87                                                                                                                                                                                                             | 2100C | N3      | 01           | Address Information    | Address Information Line 1<br>Note: This is the mailing address in ProviderOne if populated. If mailing address is not populated this will be the Residence address.                                            |
| 87                                                                                                                                                                                                             | 2100C | N3      | 02           | Address Information    | Address Information Line 2 - Populated if second address line exists.<br>Note: This is the mailing address in ProviderOne if populated. If mailing address is not populated this will be the Residence address. |
| <b>Member Mail City, State, Zip</b>                                                                                                                                                                            |       |         |              |                        |                                                                                                                                                                                                                 |



| Page                                                                                                                                | Loop  | Segment | Data Element | Element Name                            | Comments                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------|-------|---------|--------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 88                                                                                                                                  | 2100C | N4      | 01           | City Name                               | City Name<br>Note: This is the mailing address in ProviderOne if populated. If mailing address is not populated this will be the Residence address.                |
| 88                                                                                                                                  | 2100C | N4      | 02           | State or Province Code                  | State or Province Code<br>Note: This is the mailing address in ProviderOne if populated. If mailing address is not populated this will be the Residence address.   |
| 88                                                                                                                                  | 2100C | N4      | 03           | Postal Code                             | Medicaid Client Zip Code<br>Note: This is the mailing address in ProviderOne if populated. If mailing address is not populated this will be the Residence address. |
| <b>Custodial Parent</b>                                                                                                             |       |         |              |                                         |                                                                                                                                                                    |
| Note: Use of Loop 2100F to identify custodial parent: 2100F Custodial Parent will be used to retain the name of a newborn's mother. |       |         |              |                                         |                                                                                                                                                                    |
| 107                                                                                                                                 | 2100F | NM1     | 01           | Entity Identifier<br>Coder              | 'S3' for Custodial Parent                                                                                                                                          |
| 107                                                                                                                                 | 2100F | NM1     | 02           | Entity Type<br>Qualifier                | '1' Person                                                                                                                                                         |
| 107                                                                                                                                 | 2100F | NM1     | 03           | Name Last or<br>Organizational<br>Name. | Mother's last name.                                                                                                                                                |
| 107                                                                                                                                 | 2100F | NM1     | 04           | Name First                              | Mother's first name                                                                                                                                                |
| 107                                                                                                                                 | 2100F | NM1     | 05           | Name Middle                             | Mother's middle name                                                                                                                                               |



| Page                                         | Loop  | Segment | Data Element | Element Name                   | Comments                                                                |
|----------------------------------------------|-------|---------|--------------|--------------------------------|-------------------------------------------------------------------------|
| 107                                          | 2100F | NM1     | 06           | Name Prefix                    | Mother's name prefix. Send if supplied by the subscriber                |
| 107                                          | 2100F | NM1     | 07           | Name Suffix                    | Mother's name suffix. Send if supplied by the subscriber                |
| 107                                          | 2100F | NM1     | 08           | Identification Code Qualifier  | Populated with '34' Mother's Social Security Number (when available)    |
| 107                                          | 2100F | NM1     | 09           | Identification Code            | Mother's Social Security Number (when available).                       |
| <b>Custodial Parent Communication Number</b> |       |         |              |                                |                                                                         |
| 110                                          | 2100F | PER     | 01           | Contact Function Code          | Parent or Guardian This field is populated with 'PQ'.                   |
| 110                                          | 2100F | PER     | 02           | Communication Number Qualifier | 'TE' - Phone Number                                                     |
| 110                                          | 2100F | PER     | 04           | Communication Number           | This field is populated with Mother's Phone Number.                     |
| 110                                          | 2100F | PER     | 05           | Communication Number Qualifier | 'TE' - Phone Number (when available)                                    |
| 111                                          | 2100F | PER     | 06           | Communication Number           | The Mother's Other Phone Number will be provided here (when available). |
| <b>Custodial Parent Street Address</b>       |       |         |              |                                |                                                                         |
| 112                                          | 2100F | N3      | 01           | Address Information            | Address Information Line 1.                                             |
| 112                                          | 2100F | N3      | 02           | Address Information            | Address Information Line 2 – populated if second address line exists.   |
| <b>Custodial Parent City, State, Zip</b>     |       |         |              |                                |                                                                         |
| 113                                          | 2100F | N4      | 01           | City Name                      | City Name                                                               |
| 113                                          | 2100F | N4      | 02           | State or Province Code         | State or Province Code                                                  |
| 114                                          | 2100F | N4      | 03           | Postal Code                    | Postal Code                                                             |
| <b>Responsible Person</b>                    |       |         |              |                                |                                                                         |





| Page                                                                                                                                                                                                                   | Loop  | Segment | Data Element | Element Name                            | Comments                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|--------------|-----------------------------------------|---------------------------------------------------------------------------------------------|
| Note: 2100G Responsible Party Loop will be used to pass the Head of Household Information for all clients. If the client reported in loop 2000 is also the head of household, their information will be repeated here. |       |         |              |                                         |                                                                                             |
| 115                                                                                                                                                                                                                    | 2100G | NM1     | 01           | Entity Identifier<br>Coder              | 'QD' for Responsible<br>Party                                                               |
| 116                                                                                                                                                                                                                    | 2100G | NM1     | 02           | Entity Type<br>Qualifier                | '1' Person                                                                                  |
| 116                                                                                                                                                                                                                    | 2100G | NM1     | 03           | Name Last or<br>Organizational<br>Name. | Head of Household's<br>last name.                                                           |
| 116                                                                                                                                                                                                                    | 2100G | NM1     | 04           | Name First                              | Head of Household's<br>first name                                                           |
| 116                                                                                                                                                                                                                    | 2100G | NM1     | 05           | Name Middle                             | Head of Household's<br>middle name                                                          |
| 116                                                                                                                                                                                                                    | 2100G | NM1     | 06           | Name Prefix                             | Head of Household's<br>name prefix. Send if<br>supplied by the<br>subscriber                |
| 116                                                                                                                                                                                                                    | 2100G | NM1     | 07           | Name Suffix                             | Head of Household's<br>name suffix. Send if<br>supplied by the<br>subscriber                |
| 117                                                                                                                                                                                                                    | 2100G | NM1     | 08           | Identification<br>Code Qualifier        | Populated with '34'<br>Head of Household's<br>Social Security<br>Number (When<br>available) |
| 117                                                                                                                                                                                                                    | 2100G | NM1     | 09           | Identification<br>Code                  | Head of Household's<br>Social Security<br>Number (When<br>available).                       |
| <b>Responsible Person Communication Numbers</b>                                                                                                                                                                        |       |         |              |                                         |                                                                                             |
| 119                                                                                                                                                                                                                    | 2100G | PER     | 01           | Contact Function<br>Code                | Head of Household<br>This field is populated<br>with 'RP'.                                  |
| 119                                                                                                                                                                                                                    | 2100G | PER     | 03           | Communication<br>Number Qualifier       | 'TE' - Phone Number                                                                         |
| 119                                                                                                                                                                                                                    | 2100G | PER     | 04           | Communication<br>Number                 | This field is populated<br>with the Head of<br>Household's Phone<br>Number.                 |



| Page                                       | Loop  | Segment | Data Element | Element Name                   | Comments                                                                                                                                                                                 |
|--------------------------------------------|-------|---------|--------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 119                                        | 2100G | PER     | 05           | Communication Number Qualifier | 'TE' - Phone Number (when available)                                                                                                                                                     |
| 120                                        | 2100G | PER     | 06           | Communication Number           | This field is populated with the Head of Household's Other Phone Number (when available).                                                                                                |
| <b>Responsible Person Street Address</b>   |       |         |              |                                |                                                                                                                                                                                          |
| 121                                        | 2100G | N3      | 01           | Address Information            | Address Information Line 1.                                                                                                                                                              |
| 121                                        | 2100G | N3      | 02           | Address Information            | Address Information Line 2 – populated if second address line exists.                                                                                                                    |
| <b>Responsible Person City, State, Zip</b> |       |         |              |                                |                                                                                                                                                                                          |
| 122                                        | 2100G | N4      | 01           | City Name                      | City Name                                                                                                                                                                                |
| 122                                        | 2100G | N4      | 02           | State or Province Code         | State or Province Code                                                                                                                                                                   |
| 123                                        | 2100G | N4      | 03           | Postal Code                    | Postal Code                                                                                                                                                                              |
| <b>Health Coverage</b>                     |       |         |              |                                |                                                                                                                                                                                          |
| 128 -129                                   | 2300  | HD      | 01           | Maintenance Type Code          | Populated with:<br>'001' - Change<br>'021' – Addition<br>'024' – Cancellation or Termination<br>'025' – Reinstatement<br>'030' – Audit                                                   |
| 129-130                                    | 2300  | HD      | 03           | Insurance Line Code            | This field is populated with 'HMO' or 'PRA'.                                                                                                                                             |
| 130                                        | 2300  | HD      | 04           | Plan Coverage Description      | This field has 49 characters and is coded as follows:<br>Rate Cohort Combination (5 N)<br>Premium Determinant RAC (4 AN)<br>Medicare Status (2 AN)<br>*Pregnancy Due Date (8 - MMDDYYYY) |



| Page                         | Loop | Segment | Data Element | Element Name                      | Comments                                                                                                                                                                                                                                                                                                                                   |
|------------------------------|------|---------|--------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                              |      |         |              |                                   | *Self Assessment (1 AN)<br>*Special Needs Indicator (1 AN)<br>Surgery Date (8 - MMDDYYYY)<br>Recertification Date (8 - MMDDYYYY)<br>PRR Indicator (1 AN)<br>Client Exception Indicator (1 AN)<br>Expected Delivery Date (8 - MMDDYYYY)<br>Transaction Reason (2 AN)<br><br><i>** Identifies Data collected from Client Enrollment Form</i> |
| 130                          | 2300 | HD      | 05           | Coverage Level Code               | This will be populated with:<br><br>'IND' – for individual                                                                                                                                                                                                                                                                                 |
| <b>Health Coverage Dates</b> |      |         |              |                                   |                                                                                                                                                                                                                                                                                                                                            |
| 132-133                      | 2300 | DTP     | 01           | Date/Time Qualifier               | '303' = Transaction Effective Date<br>'348' = Health Plan coverage Begin Date<br>'349' = Health Plan coverage End Date                                                                                                                                                                                                                     |
| 133                          | 2300 | DTP     | 02           | Date Time Period Format Qualifier | This field is populated with 'D8'                                                                                                                                                                                                                                                                                                          |



| Page                          | Loop | Segment | Data Element | Element Name                      | Comments                                                                                                                                                                  |
|-------------------------------|------|---------|--------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 133                           | 2300 | DTP     | 03           | Date Time Period                  | CCYYMMDD<br>Date Plan Coverage Begins/Ends in Update file or first day of the Month (for which premium info is being sent) in the Audit file.                             |
| <b>Health Coverage Policy</b> |      |         |              |                                   |                                                                                                                                                                           |
| 134                           | 2300 | AMT     | 01           | Amount Qualifier Code             | 'P3'-Premium Amount                                                                                                                                                       |
| 134                           | 2300 | AMT     | 02           | Monetary Amount                   | Amount of Premium to be paid                                                                                                                                              |
| <b>Provider Information</b>   |      |         |              |                                   |                                                                                                                                                                           |
| 139                           | 2310 | LX      | 01           | Assigned Number                   | Use this sequential number for LX loops for this insured person.                                                                                                          |
| <b>Provider Name</b>          |      |         |              |                                   |                                                                                                                                                                           |
| 141                           | 2310 | NM1     | 01           | Entity Identifier Coder           | 'P3' – Primary Care Provider<br>'3D' – Obstetrics & Gynecology<br>'Y2' – Managed Care Organization                                                                        |
| 141                           | 2310 | NM1     | 02           | Entity Type Qualifier             | '1' – Person<br>'2' – Non-Person Entity                                                                                                                                   |
| 141                           | 2310 | NM1     | 03           | Name Last or Organizational Name. | Provider Last or Organizational Name –<br>The name will only be shown when the sponsor is not able to provide the National Provider Identification Number (NPI) in NM109. |



| Page                                  | Loop | Segment | Data Element | Element Name                  | Comments                                                                                                                                     |
|---------------------------------------|------|---------|--------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 141                                   | 2310 | NM1     | 04           | Name First                    | Provider First Name<br>The name will only be shown when the sponsor is not able to provide the Provider NPI in NM109.                        |
| 141                                   | 2310 | NM1     | 05           | Name Middle                   | Provider middle name<br>The name will only be shown when the sponsor is not able to provide the Provider NPI in NM109.                       |
| 142                                   | 2310 | NM1     | 08           | Identification Code Qualifier | This field will be populated with 'XX' for the NPI when available.                                                                           |
| 142                                   | 2310 | NM1     | 09           | Identification Code           | This field will be populated with the provider NPI. If the NPI is not available, the Provider name will be populated in NM103, NM104, NM105. |
| 142                                   | 2310 | NM1     | 10           | Entity Relationship Code      | '25' – Established Patient<br>'26' – Non-Established Patient<br>'72' - Unknown                                                               |
| <b>Provider City, State, Zip Code</b> |      |         |              |                               |                                                                                                                                              |
| 143                                   | 2310 | N4      | 01           | City Name                     | Provider City Name                                                                                                                           |
| 143                                   | 2310 | N4      | 02           | State or Province Code        | Provider State Code                                                                                                                          |
| 144                                   | 2310 | N4      | 03           | Postal Code                   | Provider Postal Zone or Zip Code                                                                                                             |
| 144                                   | 2310 | N4      | 04           | County Code                   | Required only if country is not U.S.                                                                                                         |



| Page                                  | Loop | Segment | Data Element | Element Name                   | Comments                                                                                                                                                                                                                                                                               |
|---------------------------------------|------|---------|--------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 144                                   | 2310 | N4      | 05           | Location Qualifier             | '60' – Area - The area code indicates that N406 will contain an out-of-area indicator for this member.<br>'CY' – County/Parish<br>'RJ' – Region – use for region or group of the PCP.                                                                                                  |
| 144                                   | 2310 | N4      | 06           | Location Identifier            | This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. |
| <b>Provider Communication Numbers</b> |      |         |              |                                |                                                                                                                                                                                                                                                                                        |
| 146                                   | 2310 | PER     | 01           | Contact Function Code          | This field is populated with 'IC' – for information contact.                                                                                                                                                                                                                           |
| 146                                   | 2310 | PER     | 03           | Communication Number Qualifier | 'TE' – Phone Number                                                                                                                                                                                                                                                                    |
| 146                                   | 2310 | PER     | 04           | Communication Number           | This field is populated with Provider's Phone Number.                                                                                                                                                                                                                                  |
| 146                                   | 2310 | PER     | 05           | Communication Number Qualifier | 'TE' - Phone Number                                                                                                                                                                                                                                                                    |
| 146                                   | 2310 | PER     | 06           | Communication Number           | This field is populated with the Provider's additional phone number when available.                                                                                                                                                                                                    |
| <b>Coordination of Benefits</b>       |      |         |              |                                |                                                                                                                                                                                                                                                                                        |



| Page                                                   | Loop | Segment | Data Element | Element Name                              | Comments                                                                                                        |
|--------------------------------------------------------|------|---------|--------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 150                                                    | 2320 | COB     | 01           | Payer Responsibility Sequence Number Code | This will be populated with:<br><br>'P' – for Primary                                                           |
| 151                                                    | 2320 | COB     | 02           | Reference Identification                  | Insured group or policy number. Always supply the policy number when available.                                 |
| 151                                                    | 2320 | COB     | 03           | Coordination of Benefits Code             | This will be populated with:<br><br>'5' – Unknown                                                               |
| <b>Additional Coordination of Benefits Identifiers</b> |      |         |              |                                           |                                                                                                                 |
| 152                                                    | 2320 | REF     | 01           | Reference Identification Qualifier        | This field will be populated with '6P' – for Group Number.                                                      |
| 153                                                    | 2320 | REF     | 02           | Reference Identification                  | This will be the insured Group or Policy Number.                                                                |
| <b>Other Insurance Company Name</b>                    |      |         |              |                                           |                                                                                                                 |
| 154                                                    | 2320 | N1      | 01           | Entity Identifier Code                    | This field will be populated with 'IN'.                                                                         |
| 154                                                    | 2320 | N1      | 02           | Name                                      | This field will be populated with the Insurer Name.                                                             |
| 155                                                    | 2320 | N1      | 03           | Identification Code Qualifier             | This field will be populated with 'FI' – Federal Taxpayer's Identification Number (if available)                |
| 155                                                    | 2320 | N1      | 04           | Identification Code                       | This field will be populated with the Federal Taxpayer's Identification Number of the COB Payer (if available). |
| <b>Coordination of Benefits Eligibility Dates</b>      |      |         |              |                                           |                                                                                                                 |



| Page                               | Loop    | Segment | Data Element | Element Name                         | Comments                                                                                                             |
|------------------------------------|---------|---------|--------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 156                                | 2320    | DTP     | 01           | Date/Time Qualifier                  | This field will be populated with:<br>'344' – Coordination of Benefits Begin<br>'345' – Coordination of Benefits End |
| 156                                | 2320    | DTP     | 02           | Date/Time Period Format Qualifier    | This field will be populated with 'D8'                                                                               |
| 157                                | 2320    | DTP     | 03           | Date Time Period                     | This field will be populated with the Coordination of Benefits date.                                                 |
| <b>Transaction Set Trailer</b>     |         |         |              |                                      |                                                                                                                      |
| 158                                | Trailer | SE      | 01           | Number of Included Segments          | This field will be populated with the number of included segments.                                                   |
| 158                                | Trailer | SE      | 02           | Transaction Set Control Number       | This field will be populated with the Transaction Set Control Number.                                                |
| <b>Functional Group Trailer</b>    |         |         |              |                                      |                                                                                                                      |
| App. B                             | Trailer | GE      | 01           | Number of Transaction Sets Included  | This field will be populated with the Number of Included Transaction Sets.                                           |
| App. B                             | Trailer | GE      | 02           | Group Control Number                 | This field will be populated with the Group Control Number. Note GE02 = GS06                                         |
| <b>Interchange Control Trailer</b> |         |         |              |                                      |                                                                                                                      |
| App. B                             | Trailer | IEA     | 01           | Number of Included Functional Groups | This field will be populated with the number of included Functional Groups.                                          |
| App. B                             | Trailer | IEA     | 02           | Interchange Control Number           | This field will be populated with the Interchange Control Number. Note IEA02 =                                       |





| Page | Loop | Segment | Data Element | Element Name | Comments |
|------|------|---------|--------------|--------------|----------|
|      |      |         |              |              | ISA13.   |



## 4 Reporting of Dates in the 834

Dates reported on the 834 will vary based on the type of file being sent, i.e. Audit or Update. Within the Update file the dates reported will vary dependent upon the nature of the transaction, i.e. enrollment, disenrollment, change to coverage, or a demographic change that does not impact coverage. Please see the table below for a detailed definition of usage.

| Monthly 834 Audit File |                       |                  |                                         |                                                                                                   |
|------------------------|-----------------------|------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------|
| Transaction Type       | Maintenance Type Code | Loop, Segment,   | Date Qualifier                          | Notes                                                                                             |
| Audit                  | '030' Audit           | Loop 2000, DTP01 | Not Reported                            | Loop 2000 Member level dates are not returned on an Audit File                                    |
| Audit                  | '030' Audit           | Loop 2300, DTP01 | '303' – Transaction Effective Date      | '303' is first day of reporting period                                                            |
| Audit                  | '030' Audit           | Loop 2300, DTP01 | '348' – Health Plan Coverage Begin Date | '348' is used on an Audit File when the member was not reported on the previous months Audit File |

| Monthly 834 Update File   |                                             |                  |                |                                                                                                      |
|---------------------------|---------------------------------------------|------------------|----------------|------------------------------------------------------------------------------------------------------|
| Transaction Type          | Maintenance Type Code                       | Loop, Segment,   | Date Qualifier | Notes                                                                                                |
| Change impacting coverage | '001' Change (Change that impacts Coverage) | Loop 2000, DTP01 | Not Reported   | When reporting a change to coverage in an Update File Loop 2000 Member Level Dates are not returned. |



|                                             |                                                               |                     |                                                  |                                                                                                                                                                |
|---------------------------------------------|---------------------------------------------------------------|---------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Change impacting coverage                   | '001' Change<br>(Change that impacts Coverage)                | Loop 2300,<br>DTP01 | '303' -<br>Transaction<br>Effective<br>Date      | '303' is used on an Update File at Loop 2300 Health Coverage Level Dates to identify the actual date of change in coverage.                                    |
| Change impacting coverage                   | '001' Change<br>(Change that impacts Coverage)                | Loop 2300,<br>DTP01 | '348' –<br>Health Plan<br>Coverage<br>Begin Date | '348' is used on an Update File at Loop 2300 Health Coverage Level Dates to provide begin date of new coverage or the updated Health plan coverage begin date. |
|                                             |                                                               |                     |                                                  |                                                                                                                                                                |
| Change that does <u>not</u> impact coverage | '001' Change<br>(Change that does <u>not</u> impact Coverage) | Loop 2000,<br>DTP01 | '303' –<br>Transaction<br>Effective<br>Date      | '303' is used on an Update File at Loop 2000 Member level dates to identify the actual date of change that does not impact coverage                            |
| Change that does <u>not</u> impact coverage | '001' Change<br>(Change that does <u>not</u> impact Coverage) | Loop 2300,<br>DTP01 | Not<br>Reported                                  | When reporting a change that does not impact coverage, Loop 2300 is not returned per the IG.                                                                   |
|                                             |                                                               |                     |                                                  |                                                                                                                                                                |



|               |                   |                     |                                                  |                                                                                                                                                                                                                                                                       |
|---------------|-------------------|---------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Enrollment    | '021' Addition    | Loop 2000,<br>DTP01 | '473' –<br>Medicaid<br>Eligibility<br>Begin Date | For new<br>enrollees '473'<br>will be used at<br>Loop 2000<br>Member Level<br>Date to pass the<br>member's<br><u>Medicaid</u><br>eligibility begin<br>date                                                                                                            |
| Enrollment    | '021' Addition    | Loop 2300,<br>DTP01 | '348' –<br>Health Plan<br>Coverage<br>Begin Date | For new<br>enrollees '348'<br>will be used at<br>Loop 2300<br>Health<br>Coverage Level<br>Date to pass the<br>member's<br><u>Health Plan</u><br><u>Coverage</u><br>eligibility begin<br>date                                                                          |
|               |                   |                     |                                                  |                                                                                                                                                                                                                                                                       |
| Disenrollment | '024' Termination | Loop 2000,<br>DTP01 | '474' –<br>Medicaid<br>Eligibility<br>End Date   | Loop 2000<br>Member level<br>date will only be<br>used when the<br>termination of<br>eligibility with<br>the plan is due<br>to loss of<br>Medicaid<br>eligibility –<br>otherwise Loop<br>2000 Member<br>level dates will<br>not be<br>populated on<br>disenrollments. |



|               |                   |                     |                                                |                                                                                                                                                                   |
|---------------|-------------------|---------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disenrollment | '024' Termination | Loop 2300,<br>DTP01 | '349' –<br>Health Plan<br>Coverage<br>End Date | For dis-<br>enrollments<br>'349' will be<br>used at Loop<br>2300 Health<br>Coverage Level<br>Date to pass the<br>member's<br>Health Plan<br>coverage end<br>date. |
|---------------|-------------------|---------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|



## 5 MCO reporting schedule

| 2009 Reporting Schedule for all Medical Programs |      |      |      |      |      |      |      |      |      |       |       |       |
|--------------------------------------------------|------|------|------|------|------|------|------|------|------|-------|-------|-------|
| Coverage Period                                  |      |      |      |      |      |      |      |      |      |       |       |       |
| Reporting Transaction                            | Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct   | Nov   | Dec   |
| Enrollment Cut-off                               | 1/22 | 2/19 | 3/25 | 4/23 | 5/21 | 6/24 | 7/23 | 8/20 | 9/24 | 10/22 | 11/12 | 12/23 |
| 834 Update & Audit/820 Full Payment Generation   | 1/23 | 2/20 | 3/20 | 4/24 | 5/22 | 6/26 | 7/24 | 8/21 | 9/25 | 10/23 | 11/13 | 12/24 |
| Weekly 834 Update/820 Interim Payment Generation |      |      |      |      |      |      |      |      |      |       |       |       |
| Weekly 834 Update/820 Interim Payment Generation |      |      |      |      |      |      |      |      |      |       |       |       |
| Weekly 834 Update/820 Interim Payment Generation |      |      |      |      |      |      |      |      |      |       |       |       |
| Weekly 834 Update/820 Interim Payment Generation |      |      |      |      |      |      |      |      |      |       |       |       |
| <b>Last Business Day Reporting</b>               | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A   | N/A   | N/A   |

| 2010 Reporting Schedule for all Medical Programs |      |      |      |      |      |      |      |      |      |       |       |       |
|--------------------------------------------------|------|------|------|------|------|------|------|------|------|-------|-------|-------|
| Coverage Period                                  |      |      |      |      |      |      |      |      |      |       |       |       |
| Reporting Transaction                            | Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct   | Nov   | Dec   |
| Enrollment Cut-off                               | 1/21 | 2/18 | 3/25 | 4/15 | 5/27 | 6/29 | 7/29 | 8/30 | 9/29 | 10/28 | 11/29 | 12/30 |
| 834 Update & Audit/820 Full Payment Generation   | 1/22 | 2/19 | 3/26 | 4/16 | 5/23 | 6/20 | 7/25 | 8/22 | 9/26 | 10/24 | 11/21 | 12/26 |



| 2010 Reporting Schedule for all Medical Programs |     |     |     |     |      |      |      |      |      |       |       |       |
|--------------------------------------------------|-----|-----|-----|-----|------|------|------|------|------|-------|-------|-------|
| Coverage Period                                  |     |     |     |     |      |      |      |      |      |       |       |       |
| Weekly 834 Update/820 Interim Payment Generation |     |     |     |     |      | 6/7  | 7/5  | 8/9  | 9/6  | 10/11 | 11/8  | 12/6  |
| Weekly 834 Update/820 Interim Payment Generation |     |     |     |     |      | 6/14 | 7/12 | 8/16 | 9/13 | 10/18 | 11/15 | 12/13 |
| Weekly 834 Update/820 Interim Payment Generation |     |     |     |     |      |      | 7/19 |      | 9/20 |       |       | 12/20 |
| Weekly 834 Update/820 Interim Payment Generation |     |     |     |     |      |      |      |      |      |       |       |       |
| <b>Last Business Day Reporting</b>               | N/A | N/A | N/A | N/A | 5/28 | 6/30 | 7/30 | 8/31 | 9/30 | 10/29 | 11/30 | 12/30 |

| 2011 Reporting Schedule for all Medical Programs |      |      |      |      |      |      |      |      |      |       |       |       |
|--------------------------------------------------|------|------|------|------|------|------|------|------|------|-------|-------|-------|
| Coverage Period                                  |      |      |      |      |      |      |      |      |      |       |       |       |
| Reporting Transaction                            | Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct   | Nov   | Dec   |
| Enrollment Cut-off                               | 1/30 | 2/27 | 3/30 | 4/28 | 5/30 | 6/29 | 7/28 | 8/30 | 9/29 | 10/30 | 11/29 | 12/29 |
| 834 Update & Audit/820 Full Payment Generation   | 1/23 | 2/20 | 3/27 | 4/24 | 5/22 | 6/26 | 7/24 | 8/21 | 9/25 | 10/23 | 11/20 | 12/25 |
| Weekly 834 Update/820 Interim Payment Generation | 1/10 | 2/7  | 3/7  | 4/11 | 5/9  | 6/6  | 7/11 | 8/8  | 9/12 | 10/10 | 11/7  | 12/12 |
| Weekly 834 Update/820 Interim Payment Generation | 1/17 | 2/14 | 3/14 | 4/18 | 5/16 | 6/13 | 7/18 | 8/15 | 9/19 | 10/17 | 11/14 | 12/19 |
| Weekly 834 Update/820 Interim Payment Generation |      |      | 3/21 |      |      | 6/20 |      |      |      |       |       |       |



| 2011 Reporting Schedule for all Medical Programs             |      |      |      |      |      |      |      |      |      |       |       |       |
|--------------------------------------------------------------|------|------|------|------|------|------|------|------|------|-------|-------|-------|
| Coverage Period                                              |      |      |      |      |      |      |      |      |      |       |       |       |
| Weekly 834<br>Update/820<br>Interim<br>Payment<br>Generation |      |      |      |      |      |      |      |      |      |       |       |       |
| <b>Last<br/>Business<br/>Day<br/>Reporting</b>               | 1/31 | 2/28 | 3/31 | 4/29 | 5/31 | 6/30 | 7/29 | 8/31 | 9/30 | 10/31 | 11/30 | 12/30 |





## 6 RSN reporting schedule

| 2009 Reporting Schedule for all RSN Programs     |      |      |      |      |      |      |      |      |      |       |       |       |
|--------------------------------------------------|------|------|------|------|------|------|------|------|------|-------|-------|-------|
| Reporting Transaction                            | Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct   | Nov   | Dec   |
| Enrollment Cut-off                               | 1/29 | 2/27 | 3/30 | 4/29 | 5/30 | 6/29 | 7/30 | 8/30 | 9/29 | 10/30 | 11/12 | 12/23 |
| 834 Update & Audit/820 Full Payment Generation   | 1/30 | 2/28 | 3/31 | 4/30 | 5/31 | 6/30 | 7/31 | 8/31 | 9/30 | 10/31 | 11/13 | 12/24 |
| Weekly 834 Update/820 Interim Payment Generation |      |      |      |      |      |      |      |      |      |       |       |       |
| Weekly 834 Update/820 Interim Payment Generation |      |      |      |      |      |      |      |      |      |       |       |       |
| Weekly 834 Update/820 Interim Payment Generation |      |      |      |      |      |      |      |      |      |       |       |       |
| Weekly 834 Update/820 Interim Payment Generation |      |      |      |      |      |      |      |      |      |       |       |       |
| <b>Last Business Day Reporting</b>               | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A   | N/A   | N/A   |

| 2010 Reporting Schedule for all RSN Programs |      |      |      |      |      |      |      |      |      |       |       |       |
|----------------------------------------------|------|------|------|------|------|------|------|------|------|-------|-------|-------|
| Reporting Transaction                        | Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct   | Nov   | Dec   |
| Enrollment Cut-off                           | 1/21 | 2/18 | 3/25 | 4/15 | 5/29 | 6/29 | 7/31 | 8/29 | 9/29 | 10/30 | 11/27 | 12/30 |



| 2010 Reporting Schedule for all RSN Programs     |      |      |      |      |      |      |      |      |      |       |       |       |
|--------------------------------------------------|------|------|------|------|------|------|------|------|------|-------|-------|-------|
| 834 Update & Audit/820 Full Payment Generation   | 1/22 | 2/19 | 3/26 | 4/16 | 5/30 | 6/30 | 8/1  | 8/30 | 9/30 | 10/31 | 11/28 | 12/31 |
| Weekly 834 Update/820 Interim Payment Generation | 1/11 | 2/8  | 3/8  |      |      | 6/7  | 7/5  | 8/9  | 9/6  | 10/11 | 11/8  | 12/6  |
| Weekly 834 Update/820 Interim Payment Generation | 1/18 | 2/15 | 3/15 |      |      | 6/14 | 7/12 | 8/16 | 9/13 | 10/18 | 11/15 | 12/13 |
| Weekly 834 Update/820 Interim Payment Generation | 1/25 | 2/22 | 3/22 |      |      | 6/21 | 7/19 | 8/23 | 9/20 | 10/25 | 11/22 | 12/20 |
| Weekly 834 Update/820 Interim Payment Generation |      |      |      |      |      |      |      |      |      |       |       |       |
| <b>Last Business Day Reporting</b>               | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A  | N/A   | N/A   | N/A   |

| 2011 Reporting Schedule for all RSN Programs     |      |      |      |      |      |      |      |      |      |       |       |       |
|--------------------------------------------------|------|------|------|------|------|------|------|------|------|-------|-------|-------|
| Reporting Transaction                            | Jan  | Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct   | Nov   | Dec   |
| Enrollment Cut-off                               | 1/29 | 2/26 | 3/30 | 4/30 | 5/28 | 6/29 | 7/30 | 8/30 | 9/29 | 10/29 | 11/29 | 12/29 |
| 834 Update & Audit/820 Full Payment Generation   | 1/30 | 2/27 | 3/31 | 5/1  | 5/29 | 6/30 | 7/31 | 8/31 | 9/30 | 10/30 | 11/30 | 12/30 |
| Weekly 834 Update/820 Interim Payment Generation | 1/10 | 2/7  | 3/7  | 4/11 | 5/9  | 6/6  | 7/11 | 8/8  | 9/12 | 10/10 | 11/7  | 12/12 |
| Weekly 834 Update/820 Interim Payment Generation | 1/17 | 2/14 | 3/14 | 4/18 | 5/16 | 6/13 | 7/18 | 8/15 | 9/19 | 10/17 | 11/14 | 12/19 |
| Weekly 834 Update/820 Interim Payment Generation | 1/24 | 2/21 | 3/21 | 4/25 | 5/23 | 6/20 | 7/25 | 8/22 | 9/26 | 10/24 | 11/21 | 12/26 |



| 2011 Reporting Schedule for all RSN Programs              |     |     |     |     |     |     |     |     |     |     |     |     |
|-----------------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Weekly 834<br>Update/820<br>Interim Payment<br>Generation |     |     |     |     |     |     |     |     |     |     |     |     |
| <b>Last Business<br/>Day Reporting</b>                    | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |



## Appendix A - Maintenance Reason Codes

| Transaction TYPE | Transaction Reason Code | Transaction Reason Code Description | Comments             | HIPAA Maintainance Type Code | HIPAA Maintainance Reason Code | HIPAA Maintainance Reason Desc |
|------------------|-------------------------|-------------------------------------|----------------------|------------------------------|--------------------------------|--------------------------------|
| Enrollment       | AA                      | Auto Assignment                     |                      | 021                          | 28                             | Initial Enrollment             |
|                  | AX                      | Auto Enrollment                     |                      | 021                          | 28                             | Initial Enrollment             |
|                  | BH                      | BHP+ Enrollment                     |                      | 021                          | 28                             | Initial Enrollment             |
|                  | MM                      | BHP+ Mismatch                       | Historic reason code | 021                          | 28                             | Initial Enrollment             |
|                  | CC                      | Client Choice                       |                      | 021                          | 28                             | Initial Enrollment             |
|                  | XP                      | Program not available               |                      | 021                          | 28                             | Initial Enrollment             |
|                  | EF                      | External File - Plan Initiated      |                      | 021                          | 28                             | Initial Enrollment             |
|                  | L1                      | Enrollment Reconnect                |                      | 021                          | 28                             | Initial Enrollment             |
|                  | IP                      | Internal Process/Audit              |                      | 021                          | 28                             | Initial Enrollment             |
|                  | MD                      | Newborn - Mom in diff. plan         |                      | 021                          | 22                             | Plan Change                    |
|                  | MP                      | Multiplan                           |                      | 021                          | 28                             | Initial Enrollment             |
|                  | NB                      | Newborn Enrollment - prspctv        |                      | 021                          | 28                             | Initial Enrollment             |
|                  | NP                      | New Program                         |                      | 021                          | 28                             | Initial Enrollment             |
|                  | OC                      | Plan Ownership Change               |                      | 021                          | 28                             | Initial Enrollment             |



| Transaction TYPE | Transaction Reason Code | Transaction Reason Code Description | Comments | HIPAA Maintainance Type Code | HIPAA Maintainance Reason Code | HIPAA Maintainance Reason Desc |
|------------------|-------------------------|-------------------------------------|----------|------------------------------|--------------------------------|--------------------------------|
|                  | OE                      | Open Enrollment                     |          | 021                          | 28                             | Initial Enrollment             |
|                  | PC                      | Program Change                      |          | 021                          | 28                             | Initial Enrollment             |
|                  | PM                      | Program Manager                     |          | 021                          | 28                             | Initial Enrollment             |
|                  | PT                      | Plan Termination                    |          | 021                          | 28                             | Initial Enrollment             |
|                  | L5                      | Re-enrollment with in 2 months      |          | 021                          | 41                             | Re-Enrollment                  |
|                  | SA                      | Service Area Change                 |          | 021                          | 28                             | Initial Enrollment             |
|                  | IT                      | Internal Transfer                   |          | 021                          | 28                             | Initial Enrollment             |
|                  | WP                      | Wrong Plan                          |          | 021                          | XT                             | Transfer                       |
|                  | DE                      | Duplicate Client Record             |          | 021                          | 28                             | Initial Enrollment             |
|                  | NR                      | Newborn Enrollment - rtrspctv       |          | 021                          | 28                             | Initial Enrollment             |
|                  | QQ                      | Contract Change                     |          | 021                          | 28                             | Initial Enrollment             |
|                  | RI                      | Reinstatement                       |          | 025                          | 41                             | Re-Enrollment                  |
|                  | L6                      | Re-enrollment within 2-6 month      |          | 021                          | 41                             | Re-Enrollment                  |
|                  | L7                      | Reenrollment within 6-12 month      |          | 021                          | 41                             | Re-Enrollment                  |
|                  | CS                      | County Status Change                |          | 021                          | 28                             | Initial Enrollment             |
|                  | XL                      | Plan not available                  |          | 021                          | 28                             | Initial Enrollment             |
| Disenrollment    | 94                      | EDD not > 60 from EED               |          | 024                          | 14                             | Voluntary Withdrawal           |



| Transaction TYPE | Transaction Reason Code | Transaction Reason Code Description | Comments             | HIPAA Maintenance Type Code | HIPAA Maintenance Reason Code | HIPAA Maintenance Reason Desc |
|------------------|-------------------------|-------------------------------------|----------------------|-----------------------------|-------------------------------|-------------------------------|
|                  | BH                      | BHP+ Enrollment                     |                      | 024                         | 07                            | Termination Of Benefits       |
|                  | MM                      | BHP+ Mismatch                       | Historic reason code | 024                         | 07                            | Termination Of Benefits       |
|                  | CC                      | Client Choice                       |                      | 024                         | 14                            | Voluntary Withdrawal          |
|                  | XP                      | Program not available               |                      | 024                         | XT                            | Transfer                      |
|                  | EF                      | External File - Plan Initiated      |                      | 024                         | 14                            | Voluntary Withdrawal          |
|                  | L1                      | Enrollment Reconnect                |                      | 024                         | 22                            | Plan Change                   |
|                  | IP                      | Internal Process/Audit              |                      | 024                         | 14                            | Voluntary Withdrawal          |
|                  | MD                      | Newborn - Mom in diff. plan         |                      | 024                         | 22                            | Plan Change                   |
|                  | NP                      | New Program                         |                      | 024                         | 07                            | Termination Of Benefits       |
|                  | OC                      | Plan Ownership Change               |                      | 024                         | 07                            | Termination Of Benefits       |
|                  | OE                      | Open Enrollment                     |                      | 024                         | 14                            | Voluntary Withdrawal          |
|                  | PC                      | Program Change                      |                      | 024                         | 07                            | Termination Of Benefits       |
|                  | PM                      | Program Manager                     |                      | 024                         | 14                            | Voluntary Withdrawal          |
|                  | PT                      | Plan Termination                    |                      | 024                         | 14                            | Voluntary Withdrawal          |
|                  | SA                      | Service Area Change                 |                      | 024                         | 14                            | Voluntary Withdrawal          |
|                  | IT                      | Internal Transfer                   |                      | 024                         | XT                            | Transfer                      |
|                  | WP                      | Wrong Plan                          |                      | 024                         | XT                            | Transfer                      |



| Transaction TYPE | Transaction Reason Code | Transaction Reason Code Description | Comments                               | HIPAA Maintenance Type Code | HIPAA Maintenance Reason Code | HIPAA Maintenance Reason Desc |
|------------------|-------------------------|-------------------------------------|----------------------------------------|-----------------------------|-------------------------------|-------------------------------|
|                  | 01                      | AI/AN                               |                                        | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 02                      | Homeless                            |                                        | 024                         | 14                            | Voluntary Withdrawal          |
|                  | VC                      | Voluntary County                    |                                        | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 4A                      | Foster Care                         |                                        | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 4B                      | Foster Care Relative                |                                        | 024                         | 14                            | Voluntary Withdrawal          |
|                  | T5                      | CSHCN                               | Children with Special Healthcare Needs | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 06                      | Inpatient Drg Trtmnt Facil          |                                        | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 7A                      | Out of Service Area - Plan          | Plan Request                           | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 7B                      | Out of Srvc Area - Client           | Client Request                         | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 8A                      | Medical Determination               |                                        | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 8B                      | Medical Prvdr Not Avail.            |                                        | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 8C                      | Pharmaceutical Concern              |                                        | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 8D                      | Access to Care Concern              |                                        | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 8E                      | Svc - Qual of Care Concern          | Service and Quality of Care Concern    | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 8F                      | Medical Provider Available          |                                        | 024                         | 14                            | Voluntary Withdrawal          |



| Transaction TYPE | Transaction Reason Code | Transaction Reason Code Description | Comments                                                        | HIPAA Maintainance Type Code | HIPAA Maintainance Reason Code | HIPAA Maintainance Reason Desc |
|------------------|-------------------------|-------------------------------------|-----------------------------------------------------------------|------------------------------|--------------------------------|--------------------------------|
|                  | 8G                      | Non-medical Srvc Concern            |                                                                 | 024                          | 14                             | Voluntary Withdrawal           |
|                  | 8H                      | Nrsng Home Prvdr Not Avail          |                                                                 | 024                          | 14                             | Voluntary Withdrawal           |
|                  | 8I                      | Nursing Home LTC                    |                                                                 | 024                          | 14                             | Voluntary Withdrawal           |
|                  | 8J                      | Home Birth                          |                                                                 | 024                          | 22                             | Plan Change                    |
|                  | 8K                      | Birthing Center                     |                                                                 | 024                          | 22                             | Plan Change                    |
|                  | 8L                      | Provider Concern                    |                                                                 | 024                          | 14                             | Voluntary Withdrawal           |
|                  | 09                      | Program Manager                     |                                                                 | 024                          | 22                             | Plan Change                    |
|                  | DX                      | SSI/SDX                             |                                                                 | 024                          | 14                             | Voluntary Withdrawal           |
|                  | PI                      | TPL                                 | Third Party Liability                                           | 024                          | 14                             | Voluntary Withdrawal           |
|                  | 12                      | TPL - PHIPP                         |                                                                 | 024                          | 14                             | Voluntary Withdrawal           |
|                  | 91                      | High Risk Pregnancy - 1st           | High Risk Pregnancy and OB Provider not in Plan (1st Trimester) | 024                          | 14                             | Voluntary Withdrawal           |
|                  | 92                      | High Risk Pregnancy - 2nd           | High Risk Pregnancy and OB Provider not in Plan (2nd Trimester) | 024                          | 14                             | Voluntary Withdrawal           |





| Transaction TYPE | Transaction Reason Code | Transaction Reason Code Description | Comments                                                        | HIPAA Maintenance Type Code | HIPAA Maintenance Reason Code | HIPAA Maintenance Reason Desc |
|------------------|-------------------------|-------------------------------------|-----------------------------------------------------------------|-----------------------------|-------------------------------|-------------------------------|
|                  | 93                      | High Risk Pregnancy - 3rd           | High Risk Pregnancy and OB Provider not in Plan (3rd Trimester) | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 17                      | Limited English                     |                                                                 | 024                         | 14                            | Voluntary Withdrawal          |
|                  | FH                      | Fair Hearing                        |                                                                 | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 19                      | Voluntary Program                   |                                                                 | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 20                      | Plan Initiated                      |                                                                 | 024                         | 14                            | Voluntary Withdrawal          |
|                  | PE                      | Pending Decision                    |                                                                 | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 22                      | Hospice                             |                                                                 | 024                         | 14                            | Voluntary Withdrawal          |
|                  | 24                      | Loss of Eligibility                 |                                                                 | 024                         | 07                            | Termination Of Benefits       |
|                  | 25                      | Exception to Policy                 |                                                                 | 024                         | 07                            | Termination Of Benefits       |
|                  | 26                      | LTC K01 Program                     |                                                                 | 024                         | 07                            | Termination Of Benefits       |
|                  | 27                      | Purdy Child                         |                                                                 | 024                         | 07                            | Termination Of Benefits       |
|                  | 28                      | Other                               |                                                                 | 024                         | AI                            | No Reason Given               |
|                  | AE                      | Assignment Error                    |                                                                 | 024                         | 07                            | Termination Of Benefits       |
|                  | AL                      | Undocumented citizen                |                                                                 | 024                         | 07                            | Termination Of Benefits       |
|                  | AR                      | Assignment Retracted                |                                                                 | 024                         | 07                            | Termination Of Benefits       |
|                  | BP                      | BHP Pregnant                        |                                                                 | 024                         | 14                            | Voluntary Withdrawal          |



| Transaction TYPE | Transaction Reason Code | Transaction Reason Code Description | Comments | HIPAA Maintenance Type Code | HIPAA Maintenance Reason Code | HIPAA Maintenance Reason Desc |
|------------------|-------------------------|-------------------------------------|----------|-----------------------------|-------------------------------|-------------------------------|
|                  | CD                      | Client Deceased                     |          | 024                         | 03                            | Death                         |
|                  | DE                      | Duplicate Client Record             |          | 024                         | 07                            | Termination Of Benefits       |
|                  | DR                      | Duplicate Enrlmnt in same MCO       |          | 024                         | 07                            | Termination Of Benefits       |
|                  | MF                      | Newborn - Mom not in MC             |          | 024                         | 07                            | Termination Of Benefits       |
|                  | RE                      | RAC Excluded                        |          | 024                         | 07                            | Termination Of Benefits       |
|                  | PD                      | TPL - Dual Coverage                 |          | 024                         | 14                            | Voluntary Withdrawal          |
|                  | QQ                      | Contract Change                     |          | 024                         | 22                            | Plan Change                   |
|                  | 13                      | TPL- Employer Paid Premiums         |          | 024                         | 14                            | Voluntary Withdrawal          |
|                  | XL                      | Plan not available                  |          | 024                         | XT                            | Transfer                      |
|                  | 1A                      | Birth Date Missing                  |          | 024                         | 33                            | Personnel Data                |
|                  | 1B                      | Birth Date Invalid                  |          | 024                         | 33                            | Personnel Data                |
|                  | 1C                      | Gender Code Invalid                 |          | 024                         | 33                            | Personnel Data                |
|                  | 1D                      | RAC not Eligible for Managed Care   |          | 024                         | 07                            | Termination Of Benefits       |
|                  | 1E                      | Residence Zip Code Missing          |          | 024                         | 33                            | Personnel Data                |
|                  | 1F                      | Residence Zip Code Invalid          |          | 024                         | 33                            | Personnel Data                |
|                  | 1G                      | No Programs in Residential Zip Code |          | 024                         | 07                            | Termination Of Benefits       |



| Transaction TYPE   | Transaction Reason Code | Transaction Reason Code Description      | Comments | HIPAA Maintenance Type Code | HIPAA Maintenance Reason Code | HIPAA Maintenance Reason Desc |
|--------------------|-------------------------|------------------------------------------|----------|-----------------------------|-------------------------------|-------------------------------|
|                    | 1H                      | No MCOs or Plans in Residential Zip Code |          | 024                         | 07                            | Termination Of Benefits       |
|                    | 1K                      | HOH Missing                              |          | 024                         | 33                            | Personnel Data                |
|                    | ZZ                      | Warrant Cancellation                     |          | 024                         | 07                            | Termination Of Benefits       |
| Change Transaction | AC                      | Assignment Confirmed                     |          | 001                         | 28                            | Initial Enrollment            |
|                    | XX                      | Demographic Change                       |          | 001                         | 25                            | Data Elements Change          |
|                    | Y1                      | Client address change                    |          | 001                         | 43                            | Change Of Location            |
|                    | Z1                      | Other client change                      |          | 001                         | 33                            | Personnel Data                |
|                    | Y2                      | Rate Change                              |          | 001                         | AI                            | No Reason Given               |
|                    | Y3                      | Rate Adjustment                          |          | 001                         | AI                            | No Reason Given               |
|                    | Z2                      | Rate affecting dmgrphc change            |          | 001                         | AI                            | No Reason Given               |
|                    | CO                      | CMCM Offered                             |          | 001                         | AI                            | No Reason Given               |
|                    | OO                      | Opt Out of CMCM                          |          | 001                         | AI                            | No Reason Given               |
|                    | HI                      | Additional Info                          |          | 001                         | 33                            | Personnel Data                |
|                    | Y4                      | RAC or Medicare Status Change            |          | 001                         | AI                            | No Reason Given               |
|                    | Y5                      | Other Address Changes                    |          | 001                         | AI                            | No Reason Given               |